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Bib Data Sheet

CONFIRMATION NO. 6202

|   |   |                               |   |   |
|---|---|-------------------------------|---|---|
| <b>SERIAL NUMBER</b><br>09/973,335  | <b>FILING DATE</b><br>10/09/2001<br><b>RULE</b>   | <b>CLASS</b><br>607           | <b>GROUP ART UNIT</b><br>3737   | <b>ATTORNEY DOCKET NO.</b><br>P00594-US |
| <b>APPLICANTS</b><br>Barbara A. Soltz, Spring Valley, NY;<br>Dale P. DeVore, Chelmsford, MA;<br>Braden P. DeVore, Westerly, RI;<br>Robert Soltz, Spring Valley, NY;<br>Michael A. Soltz, Pleasanton, CA;  |   |                               |   |   |
| <b>** CONTINUING DATA *****</b><br>NONE / BCP 02-17-05  |   |                               |   |   |
| <b>** FOREIGN APPLICATIONS *****</b><br>NONE / BCP 02-17-05   |   |                               |   |   |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED.. SMALL ENTITY **</b><br>** 11/09/2001   |   |                               |   |   |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after<br>mel Allowance<br>Verified and Acknowledged <u>Braden P. DeVore</u><br>Examiner's Signature Initials |   | <b>STATE OR COUNTRY</b><br>NY | <b>SHEETS DRAWING</b><br>10   | <b>TOTAL CLAIMS</b><br>5                |
| <b>INDEPENDENT CLAIMS</b><br>1  |   |                               |   |   |
| <b>ADDRESS</b><br>3017  |   |                               |   |   |
| <b>TITLE</b><br>Composite tissue adhesive   |   |                               |   |   |
| <b>FILING FEE RECEIVED</b><br>370   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |   |